

2004 MASSACHUSETTS DEPARTMENT OF REVENUE

MASSACHUSETTS ESTIMATED INCOME TAX

File voucher no. 1 with first payment, voucher no. 2 with second payment, voucher no. 3 with third payment and voucher no. 4 with fourth payment.
Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.

VOUCHERS ARE ON PAGES 2 THROUGH 5

Federal Identification number	Be sure this return covers correct period	Due date	Voucher 1	Estimated tax for the year ending / / MONTH DAY YEAR
Name				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$
City/Town		State	Zip	3. Amount of this installment (from line 9 of estimated tax worksheet): \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204				Check which form you plan to file: <input type="checkbox"/> Form 2 Fiduciary <input type="checkbox"/> Form 3F Corporate Trust <input type="checkbox"/> Form 3M Club and other

Federal Identification number	Be sure this return covers correct period	Due date	Voucher 2	Estimated tax for the year ending MONTH / DAY / YEAR
Name				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$
City/Town		State	Zip	3. Amount of this installment (from line 9 of estimated tax worksheet): \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204				Check which form you plan to file: <input type="checkbox"/> Form 2 Fiduciary <input type="checkbox"/> Form 3F Corporate Trust <input type="checkbox"/> Form 3M Club and other

Federal Identification number	Be sure this return covers correct period	Due date	Voucher 3	Estimated tax for the year ending / / MONTH DAY YEAR
Name				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$
City/Town		State	Zip	3. Amount of this installment (from line 9 of estimated tax worksheet): \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204				Check which form you plan to file: <input type="checkbox"/> Form 2 <input type="checkbox"/> Form 3F <input type="checkbox"/> Form 3M Fiduciary Corporate Trust Club and other

Federal Identification number	Be sure this return covers correct period	Due date	Voucher 4	Estimated tax for the year ending / / MONTH DAY YEAR
Name				1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$
Street address				2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$
City/Town		State	Zip	3. Amount of this installment (from line 9 of estimated tax worksheet): \$
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204				Check which form you plan to file: <input type="checkbox"/> Form 2 Fiduciary <input type="checkbox"/> Form 3F Corporate Trust <input type="checkbox"/> Form 3M Club and other